



## Bureau of Primary Care and Rural Health

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**Bruce D. Greenstein**  
SECRETARY

### HEALTH SYSTEMS DEVELOPMENT REQUEST SHEET

Requesting Organization(s): \_\_\_\_\_  
Type Facility / Contact Name & Title \_\_\_\_\_  
Project's Physical Address, City, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Contact's Email: \_\_\_\_\_

#### Type of Business/Corporation

- ☐ Non-profit 501 (c) 3    ☐ Non-profit government or education entity    ☐ Rural Hospital    ☐ FQHC  
☐ For-profit organization    ☐ Rural Health Clinic    ☐ Private practice    ☐ Other \_\_\_\_\_

**Organization's Purpose/Scope** (Relationship to health care, geographic area served)

**Summary of Request:** (Goals, objectives, time tables)

**This request pertains to a service that** ☐ currently exists    ☐ is a new venture    ☐ is a collaborative effort

**If a collaborative effort, who are partner entities?** \_\_\_\_\_

**Have you requested and/or received assistance for this specific project from any other agency or individual?** Y N

**If so, what assistance and from whom?** \_\_\_\_\_

#### Please mark all assistance types you would be interested in receiving:

- ☐ Practice Consulting    ☐ Statistical Data    ☐ Board Development    ☐ Other Grant Resources or Information  
☐ Community Development    ☐ Feasibility Study    ☐ Health Economic Impact    ☐ Start-Up / Conversion  
☐ Strategic Planning    ☐ Other, please list \_\_\_\_\_

**Project Readiness Evaluation:** ☐ Planning    ☐ Implementation    ☐ Expansion

**When would you like for assistance to begin?** \_\_\_\_\_

#### How did you receive this application?

- ☐ Bureau Mailing    ☐ Bureau Website    ☐ Bureau Fax    ☐ Bureau Email    ☐ Other \_\_\_\_\_

Revised June 21, 2011

Date: \_\_\_\_\_ - Signature: \_\_\_\_\_